

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
FEC MAIL CENTER
2016 MAY 24 AM 11:41

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

COMMITTEE TO ELECT FARREN K SHOAF FOR CONGRESS

ADDRESS (number and street)

431 EATON ROAD



Check if different
than previously
reported. (ACC)

MOCKSVILLE

NC

27028

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00613729

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

STATE ▼ DISTRICT

NC

13

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

06

07

2016

in the
State of

NC

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM

DD

YYYY

in the
State of

5. Covering Period

03

24

2016

through

05

18

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ALLAN NEWSOM

Signature of Treasurer

Allan Newsom

Date

05

20

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

COMMITTEE TO ELECT FARREN K SHOAF FOR CONGRESS

Report Covering the Period:

From:

MM	DD	YYYY
03	24	2016

To:

MM	DD	YYYY
05	18	2016

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	6139.54	6139.54
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	6139.54	6139.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4520.32	4520.32
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	4520.32	4520.32
8. Cash on Hand at Close of Reporting Period (from Line 27)	1619.22	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

COMMITTEE TO ELECT WARREN K SHAFER FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
03 / 24 / 2016

To:

MM / DD / YYYY
05 / 18 / 2016

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL of contributions
from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

3650.00

3650.00

2489.54

2489.54

6139.54

6139.54

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

6139.54

6139.54

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

4,520.32

4,520.32

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

19. LOAN REPAYMENTS:
(a) Of Loans Made or Guaranteed
by the Candidate.....
(b) Of All Other Loans

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

20. REFUNDS OF CONTRIBUTIONS TO:
(a) Individuals/Persons Other
Than Political Committees

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs)

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

21. OTHER DISBURSEMENTS.....

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ►

4,520.32

4,520.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

-0-

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

6,139.54

25. SUBTOTAL (add Line 23 and Line 24).....

6,139.54

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

4,520.32

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

1,619.22

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 3

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FALLEN K SHOAF FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. **PEEK DAVID E**

Mailing Address

114 DUNLAP LOOP

City

STATESVILLE

State

NC

Zip Code

28625

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

03 / 30 / 2016

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. **PEEK BRIAN D.**

Mailing Address

101 FOUR WINDS DRIVE

City

STATESVILLE

State

NC

Zip Code

28625

FEC ID number of contributing
federal political committee.

C

Name of Employer

KENANEE SCIENTIFIC CORP.

Occupation

PRODUCTION SCHEDULER

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150.00

Date of Receipt

03 / 31 / 2016

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. **EASLING, GERALD T**

Mailing Address

225 ARROWBROOK ROAD

City

HARMONY

State

NC

Zip Code

28634

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

04 / 12 / 2016

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

250.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **2** OF **3**

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FARREN K SHOAF FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. **SANGER, MARK P**

Mailing Address

165 HUNTERS RIDGE ROAD

City

WINSTON-SALEM

State

NC

Zip Code

27103

FEC ID number of contributing
federal political committee.

C

Name of Employer

IREDELL BROADCASTING

Occupation

CORPORATE PRESIDENT

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

04 / 14 / 2016

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. **SHOAF, ALMA B**

Mailing Address

240 RIVERWOOD LANE

City

MOCKSVILLE

State

NC

Zip Code

27028

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

04 / 20 / 2016

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. **JOHNSON, STEVE D**

Mailing Address

1112 SHELTON AVENUE

City

STATESVILLE

State

NC

Zip Code

28677

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

AUTO-PARTS STORE

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

04 / 25 / 2016

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

2850.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **3** OF **3**

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FARREN K SHAFF AL CONGRESS

Full Name (Last, First, Middle Initial)

A. PECK, BRIAN D
Mailing Address
101 FOUR WINDS DRIVE
City **STATESVILLE** State **NC** Zip Code **28625**

Date of Receipt

05 / 05 / 2016

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

350.00

Name of Employer

KENAFEE SCIENTIFIC GRP.

Occupation

PRODUCTION SCHEDULER

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHOFF, JAMES A
Mailing Address
2324 MILLING ROAD
City **MOCKSVILLE, NC** State **NC** Zip Code **27028**

Date of Receipt

05 / 06 / 2016

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

100.00

Name of Employer

N/A

Occupation

RETIRED

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SANGER, BRENDAN
Mailing Address
304 MARSHALL STREET
City **LITCHFIELD** State **MI** Zip Code **49252**

Date of Receipt

05 / 09 / 2016

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

100.00

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

550.00

TOTAL This Period (last page this line number only).....

3650.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **1** OF **3**

☐ 11a ☐ 11b ☐ 11c ☒ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FARREN K SHOAF AL CONGRESS

Full Name (Last, First, Middle Initial)

A. SHOAF, FARREN K

Mailing Address

431 EATON ROAD

City

MOCKSVILLE

State

NC

Zip Code

27028

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

BROADCAST RADIO

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

16187

Date of Receipt

03 / 24 / 2016

Amount of Each Receipt this Period

16187

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHOAF, FARREN K

Mailing Address

431 EATON ROAD

City

MOCKSVILLE

State

NC

Zip Code

27028

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

BROADCAST RADIO

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

21187

Date of Receipt

03 / 28 / 2016

Amount of Each Receipt this Period

5000

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SHOAF, FARREN K

Mailing Address

431 EATON ROAD

City

MOCKSVILLE

State

NC

Zip Code

27028

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

BROADCAST RADIO

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

24620

Date of Receipt

04 / 02 / 2016

Amount of Each Receipt this Period

3433

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

24620

TOTAL This Period (last page this line number only) ▶

20160524 00065469

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **2** OF **3**

☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FARREN K SHOAF FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SHOAF, FARREN K

Mailing Address

431 EATON ROAD

City

MOCKSVILLE

State

NC

Zip Code

27028

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

BROADCAST RADIO

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3 4 6 2 0

Date of Receipt

04 / 05 / 2016

Amount of Each Receipt this Period

1 0 0 0 0

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1 0 0 0 0

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **3** OF **3**

☐ 11a ☐ 11b ☐ 11c ☒ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FARROW K SHOAF RLC CONGRESS

Full Name (Last, First, Middle Initial)

A. SHOAF, FARROW K

Mailing Address

431 EATON ROAD

City

MOCKSVILLE

State

NC

Zip Code

27028

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

BROADCAST RADIO

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

208620

Date of Receipt

03 / 24 / 2016

Amount of Each Receipt this Period

1740.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHOAF, FARROW K

Mailing Address

431 EATON ROAD

City

MOCKSVILLE

State

NC

Zip Code

27028

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

BROADCAST RADIO

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210012

Date of Receipt

03 / 29 / 2016

Amount of Each Receipt this Period

1392

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SHOAF, FARROW K

Mailing Address

431 EATON ROAD

City

MOCKSVILLE

State

NC

Zip Code

27028

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

BROADCAST RADIO

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

248954

Date of Receipt

05 / 05 / 2016

Amount of Each Receipt this Period

38942

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

214334

TOTAL This Period (last page this line number only).....

248954

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 5

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 19b 21

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FARRON K SHOAF FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM/DD/YYYY
03/24/2016

A. **NC STATE BOARD OF ELECTIONS**

Mailing Address

P.O. Box 27255

City

RALEIGH

State

NC

Zip Code

27611

Purpose of Disbursement

CANDIDATE FILING FEES

Candidate Name

001

Category/
Type

Amount of Each Disbursement this Period

1740.00

☐ Memo Item

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM/DD/YYYY
03/29/2016

B. **US POSTAL SERVICE**

Mailing Address

1119 YADKINVILLE ROAD

City

MOCKSVILLE

State

NC

Zip Code

27028

Purpose of Disbursement

POSTAGE

Candidate Name

001

Category/
Type

Amount of Each Disbursement this Period

1392

☐ Memo Item

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM/DD/YYYY
03/30/2016

C. **VISTA PRINT**

Mailing Address

95 HAYDEN AVENUE

City

LEXINGTON

State

MA

Zip Code

02421

Purpose of Disbursement

ADVERTISING

Candidate Name

004

Category/
Type

Amount of Each Disbursement this Period

129.13

☐ Memo Item

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

1883.05

TOTAL This Period (last page this line number only).....▶

NOTED ON 12/20/2016

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 5

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 19b 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Farren K Shoaf for Congress

Full Name (Last, First, Middle Initial)

A. PAYPAL

Mailing Address
2211 N. FIRST STREET

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement
FEE

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement
03 / 31 / 2016

Amount of Each Disbursement this Period
4.65

Category/Type
001

☐ Memo Item

B. VISTA PRINT

Mailing Address
95 HAYDEN AVENUE

City LEXINGTON State MA Zip Code 02421

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement
04 / 02 / 2016

Amount of Each Disbursement this Period
21,242

Category/Type
004

☐ Memo Item

C. DAVIE COUNTY PUBLISHING CO.

Mailing Address
P.O. Box 99

City MOCKSVILLE State NC Zip Code 27028

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement
04 / 05 / 2016

Amount of Each Disbursement this Period
97.50

Category/Type
004

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

314.57

TOTAL: This Period (last page this line number only).....▶

NOT FOR CIRCULATION

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 5

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FARREN K SHOAF FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. JERRY PLEMMONS

Mailing Address

1571 TRIPLE CREEK DRIVE

City

EAST BEND

State

NC

Zip Code

27018

Purpose of Disbursement

ADVERTISING

Candidate Name

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

04 / 13 / 2016

Amount of Each Disbursement this Period

8990

☐ Memo Item

B. US POSTAL SERVICE

Mailing Address

1119 YADKINVILLE ROAD

City

MOCKSVILLE

State

NC

Zip Code

27028

Purpose of Disbursement

POSTAGE FOR MAILINGS

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

04 / 28 / 2016

Amount of Each Disbursement this Period

4700

☐ Memo Item

C. US POSTAL SERVICE

Mailing Address

1119 YADKINVILLE ROAD

City

MOCKSVILLE

State

NC

Zip Code

27028

Purpose of Disbursement

POSTAGE FOR MAILINGS

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

04 / 28 / 2016

Amount of Each Disbursement this Period

9557

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....

23247

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 4 OF 5

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FARREN K SIMAF FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 28 / 2016

A. VISTA POINT

Mailing Address

95 HAYDEN AVENUE

City

LEXINGTON

State

MA

Zip Code

02421

Purpose of Disbursement

ADVERTISING

Candidate Name

0.04

Category/
Type

Amount of Each Disbursement this Period

314.87

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 29 / 2016

B. WAL-MART

Mailing Address

261 COOPER CREEK DRIVE

City

MOCKSVILLE

State

NC

Zip Code

27028

Purpose of Disbursement

ENVELOPES

Candidate Name

0.01

Category/
Type

Amount of Each Disbursement this Period

249.4

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 29 / 2016

C. WDSL

Mailing Address

431 EATON ROAD

City

MOCKSVILLE

State

NC

Zip Code

27028

Purpose of Disbursement

RADIO

Candidate Name

0.04

Category/
Type

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

1089.81

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 5

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FARRAN K SHAAF FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SIGNS ON THE CHEAP.COM

Mailing Address

11525 B STONEHOLLOW DRIVE #220

City

AUSTIN

State

TX

Zip Code

78758

Purpose of Disbursement

ADVERTISING

Candidate Name

004

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

05 / 05 / 2016

Amount of Each Disbursement this Period

38942

☐ Memo Item

B. US POSTAL SERVICE

Mailing Address

1119 YADKINVILLE ROAD

City

MOCKSVILLE

State

NC

Zip Code

27028

Purpose of Disbursement

POSTAGE FOR MAILINGS

Candidate Name

003

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

05 / 06 / 2016

Amount of Each Disbursement this Period

47000

☐ Memo Item

C. US POSTAL SERVICE

Mailing Address

1119 YADKINVILLE ROAD

City

MOCKSVILLE

State

NC

Zip Code

27028

Purpose of Disbursement

POSTAGE FOR MAILINGS

Candidate Name

003

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

05 / 12 / 2016

Amount of Each Disbursement this Period

14100

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

100042

TOTAL This Period (last page this line number only).....▶

452032

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF

FOR LINE NUMBER:
(check only one)

13a

13b

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FARRIN K SHWAF FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <div style="font-family: cursive; font-size: 1.2em;">Committee to Elect FARRIN K. SHAF FOR CONGRESS</div>		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">C</div>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; height: 20px;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; font-family: monospace;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; font-family: monospace;">M M / D D / Y Y Y Y Y Y</div></div>	
City	State	Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; font-family: monospace;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; font-family: monospace;">M M / D D / Y Y Y Y Y Y</div></div>
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; font-family: monospace;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; font-family: monospace;">M M / D D / Y Y Y Y Y Y</div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 20px;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; height: 20px;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; height: 20px;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; height: 20px;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; font-family: monospace;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; font-family: monospace;">M M / D D / Y Y Y Y Y Y</div></div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name _____ Signature _____		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; font-family: monospace;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; font-family: monospace;">M M / D D / Y Y Y Y Y Y</div></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; font-family: monospace;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; font-family: monospace;">M M / D D / Y Y Y Y Y Y</div></div>	
Title _____			

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FARREN K SHIAF FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

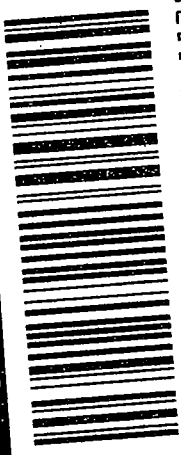
(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) Committee to Elect FARREN K SHARF FOR CONGRESS		Report Covering Period: From: M M / D D / Y Y Y Y Y Y To: M M / D D / Y Y Y Y Y Y				
Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees		(b) Line No. 11(b) Total Contributions From Political Party Committees		
A						
B	Column Total Last Page Only.....					
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A						
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A						
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A						
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A						
B						

2016 MAY 24 PM 00:00

Committee to Elect Farren K. Shoaf for Congress
431 Eaton Road
Mocksville, NC 27028

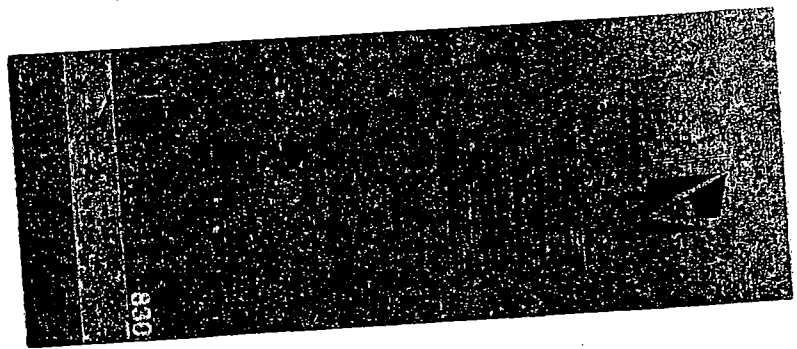
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL®



7015 3010 0000 4087 8828

Federal Election Commission
999 E Street, NW
Washington DC 20463

RECEIVED
FEDERAL ELECTION COMMISSION
2016 MAY 24 AM 11:41



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER
(3/2015)

5/24/16
DATE PREPARED